

Strategic Sourcing Certificate Program Application

Applicant Name:						
Work Phone Number:	_Email Address	: <u> </u>				
Please Note: Registration is limited Emailing OSD your application does			ion e-mail from the	e instructor once yo	our application has beer	ı approved.
Section	Module 1	Module 2	Module 3	Module 4	Module 5	
Section #26:	Thursday	Friday	Thursday	Thursday	Thursday	
Room 1	May 5	May 13	May 19	May 26	June 2	
13 th floor	,	,	1	,		
One Ashburton Place Boston, MA						
boston, IVIA						
PREREQUISITE: All participant	s in the SSCP are req	uired to take OS	SD's "Essentials o	of State Procure	ment" class.	
 No If No, please Describe your professiona If applicable, please speci Hearing Impaired Accommodation:	fy if you will need a F	g/conducting pro	mmodation.	or purchasing:	□ Other	
Statement of Commitment (R	Required)					
Please read and agree to the f I agree to participate in OSD's	following statement o		m and to attend	all scheduled cla	asses.	
Applicant's Signature: Date:						
Agency/CPO Supervisor Com	mitment (Required)					
I support the participation of _I will support the applicant as				_ in OSD's Strate	gic Sourcing Certifica	ite Program.
Supervisor Name (PRINT):						
Supervisor Signature: Date:						
Agency CPO/Supervisor Name	e (PRINT):					
Agency CPO/Sunervisor Signat	ture:			n	ate· / /	

E-Mail completed application to: Christine Tello-Lorenz at christine.tello-lorenz@state.ma.us

Please note: The Strategic Sourcing Certificate Program consists of 5 one-day module courses. Once you are confirmed as a registered participant, you will be required to attend all modules to earn your certificate. Please ensure that your schedule allows for full day participation at ALL modules.